

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MOORE ABRAHAM

Write the full name of each plaintiff.

18 CV 2033

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Detective - FRANZ EBERTZ - Com-275

Detective - NOEL Melendez - Com-275

Do you want a jury trial?
☒ Yes ☐ No

Detective - Ramon Medina Tax # 924185

City of New York - Honorable District

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

D Gary
Commissioner of Deeds, City of New York
Number: 4-7215
Certificate File in: Queens
Term Expires: 4/1/18

[Signature]

Commissioned on the 1st day of March 2018

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

WRONGFUL ARREST - malicious PROSECUTION
mental ANGUISH - defamation of CHARACTER

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

ABRAHAM

MOORE

First Name

Middle Initial

Last Name

N/A

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

B16603215 / 241-16-00438 NYSID

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

G.B.V.C. 09-09 HAZEN St East Elmhurst NY 11370

Current Place of Detention

G.B.V.C. 09-09 HAZEN St East Elmhurst

Institutional Address

Queens

NY

11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

United States District Court
Southern District of New York

MOORE ABRAHAM

AGAINST

DT- FRANZ EBERTZ - Command #275

DT- NOEL MRLONDEZ - Command # 275

DT- RAMON MEDINA - Tax Number 924185

HONORABLE & DISTRICT ATTORNEY

265 EAST 161st

BRONX NY 10451

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

NOEL Melendez N/A
 First Name Last Name Shield #
 Detective BANK 3 N.Y. Pd
 Current Job Title (or other identifying information)
 Command 275 BRONX Robbery Squad
 Current Work Address
 BRONX New York 10459
 County, City State Zip Code

Defendant 2:

FRANZ EBERTZ N/A
 First Name Last Name Shield #
 Detective BANK #3 N.Y. Pd
 Current Job Title (or other identifying information)
 Command 275 BRONX Robbery Squad
 Current Work Address
 BRONX New York 10459
 County, City State Zip Code

Defendant 3:

RAMON Medina #924185
 First Name Last Name Shield #
 Detective BANK #3 N.Y. Pd Robbery Squad
 Current Job Title (or other identifying information)
 Command 275 1086 SIMPSON AVENUE
 Current Work Address
 BRONX New York 10459
 County, City State Zip Code

Defendant 4:

ASSISTANT DISTRICT ATTORNEY
 First Name Last Name Shield #
 Prosecutor
 Current Job Title (or other identifying information)
 265 EAST 161 ST
 Current Work Address
 BRONX NY 10451
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: EAST 182 BRONX NY 10458

Date(s) of occurrence: JANUARY 15, 2016

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

My Court Appointed Counsel had CONSTANT ORDERING of dismissing the INDICTMENT, HEREIN PURSUANT TO SECTION § 210.20 OF THE CRIMINAL PROCEDURE LAW UPON the grounds that I WAS DENIED my RIGHT TO A Speedy trial, which is GUARANTEED UNDER my SIXTH Amendment of the UNITED STATES CONSTITUTION AND SECTION 30.30(1)(A) I WAS the defendant in the ABOVE-ENTITLED ACTION, AND IS PERSONALLY FAMILIAR WITH the FACTS HERE-IN STATED. WHILE I AM FAMILIAR WITH ALL the FACTS HERE-IN, I AM A LAYPERSON IN MATTERS OF LAW, AND THEREFORE SEEK the Courts INDULGENCE AS TO ERRORS OF defects PURSUANT TO C.P.L. Rule § 210(F) I WAS ARRESTED ON JANUARY 15 2016, AND WAS CHARGED WITH PENAL LAW 160.100f ROBBERY 2ND AIDED BY ANOTHER. I WAS INDICTED BY A GRAND JURY IN THE COUNTY OF THE BRONX, I WAS ALSO ABRAIGNED ON the INDICTMENT IN the SAME COUNTY. I HAD ALWAYS MAINTAINED my INNOCENCE. 1 YEAR, EIGHT MONTHS

AND I WAS NEVER BROUGHT TO TRIAL ON THE INDICTMENT
 THE ONE HUNDRED AND EIGHTY DAY TIME PERIOD
 FOR THE PEOPLES READINESS BEGAN TO RUN AS
 SOON AS I WAS COMMITTED TO THE CUSTODY OF
 D.O.C. DEPARTMENT OF CORRECTIONS, MORE SPECIFICALLY
 UPON FILING THE ACCUSATORY INSTRUMENT. I HAD
 CHALLENGED ALL PRIOR ADJOURNMENTS, PERIODS AND ALLEGES
 ALL ADJOURNMENTS BE VIEWED IN THE LIGHT OF THAT CASE.
 THE PROSECUTION DID NOT PROPERLY TAKE THE NECESSARY
 STEPS TO SECURE THE PRESENCE AND ATTENDANCE OF THE
 INJURIES: Complaining Witness.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I EXPERIENCED MENTAL ANGUISH POST-TRAUMATIC
 STRESS. I EXPERIENCED ASSAULTS AT THE
 HANDS OF FELLOW INMATES.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I WOULD LIKE TO BE COMPENSATED
 \$2,000,000 FOR LOST WAGES TIME,
 A FAMILY EVENTS I WASN'T ABLE TO
 ATTEND AND I WOULD LIKE A.D.A.
 ASSISTANT DISTRICT ATTORNEY & POLICE
 OFFICERS TO VALUE PEOPLES LIBERTY'S AND
 CONSTITUTIONAL RIGHTS.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>February 28 - 2018</u>		<u>X Abraham Moore</u>	
Dated		Plaintiff's Signature	
<u>ABRAHAM</u>		<u>MOORE</u>	
First Name	Middle Initial	Last Name	
<u>09 - 09</u>	<u>G.R.V.C.</u>	<u>HAZEN St. E. Elmhurst</u>	
Prison Address			
<u>Queens</u>	<u>New York</u>	<u>11370</u>	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing:

March 3, 2018